**Volunteer Application Form**

(If completing this form by hand, please write in **black ink**. If you need more space than is provided in any section, please continue your answer on a separate sheet. If completing this form electronically, simply type in the spaces provided, extending the boxes as/if required.)

|  |
| --- |
| **Volunteer opportunity interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Which age groups would you prefer to volunteer with?****Children Young People Adults****How did you hear about LinkAble and this opportunity?****School/College\* \*Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Word of Mouth****LinkAble Flyer LinkAble Event WAVS Press****Online\* \*Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\* \*Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If successful, when would you be able to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****What times are you available to volunteer?****Weekdays Weekends Holiday Schemes**  |

|  |
| --- |
| **Personal Details** |
| **First Name(s):** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Home Address:****Postcode:** |  |
| **Phone Number(s):** | **Daytime** |  |
| **Evening** |  |
| **Mobile** |  |
| **Email Address:** |  |
| **Do you hold a full UK driving licence?** | YES | NO |
| **Do you have the use of a car?** | YES | NO |
| **Are you permitted to work in the UK?** | YES | NO |

|  |
| --- |
| **Employment / Volunteering History**(Current or most recent employment, including voluntary work.) |
| **Name of Employer:** |  |
| **Address:****Postcode:** |  |
| **Position Held:** |  |
| **Date Employed:** |  |
| **Salary:** |  |
| **Main Duties:** |
| **Reason For Leaving:** |

|  |
| --- |
| **Previous Employment / Volunteering**(including any voluntary work) |
| **Employer’s Name:** |  |
| **Position Held:** |  |
| **Dates Employed:** |  |
| **Main Duties:** |
| **Reason for Leaving:** |

|  |
| --- |
| **Previous Employment / Volunteering**(including any **voluntary** work) |
| **Employer’s Name:** |  |
| **Position Held:** |  |
| **Dates Employed:** |  |
| **Main Duties:** |
| **Reason for Leaving:** |

|  |
| --- |
| **Education** |
| **School, College****or Higher Education Institution:** | **Courses/Subjects (Qualifications gained and currently studying):** | **Date Gained:** |
|  |  |  |

|  |
| --- |
| **Other Skills** |
| **What hobbies/interests/skills could you bring to LinkAble?** |
| **Do you have any other relevant training? e.g. Any First Aid qualifications?** |
| **What experience do you have of supporting children, young people or adults, with or without disabilities?** |
| **Have you worked previously for LinkAble?****Position:****Start Date: End Date** |
| **How confident would you say you were about working with people with learning disabilities at the moment?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Not comfortable** |  |  | **Quite comfortable** |  | **Extremely comfortable** |

 |
| **What are you hoping to gain from volunteering at LinkAble? e.g. Career prospects, Duke of Edinburgh etc** |
| **Do you have any further information which would support your application?** |

|  |
| --- |
| **References**(Please give details of two people, not related to you, who you know well and we can contact for a reference. One of these referees should be your most recent employer. Please note references will only be taken up if you are selected for interview. If you are not happy for us to contact your referees prior to interview, please specify this.) |
| **First Referee** | **Second Referee** |
| Name: | Name: |
| Position:  | Position: |
| Organisation:  | Organisation: |
| Address: Postcode:  | Address:Postcode: |
| Email Address:  | Email Address: |
| Telephone Number: | Telephone Number: |

**CONFIDENTIAL**

**Disclosure of Criminal Convictions for Exempt Posts**

In view of the nature of the work for which you are applying this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders 1986 and 2009. We are therefore required to ask you to disclose all current or spent criminal convictions, bind over orders and cautions.

Any such information will be treated in the strictest confidence and will only be used in consideration of your suitability for employment in the exempt post.

If you knowingly conceal or omit to include any relevant facts and discovery is made after you have been appointed then you may be dismissed without notice. LinkAble will arrange an enhanced Criminal Records Bureau Disclosure for the successful candidate.

Disclosure: I hereby declare the following criminal convictions, bind over orders and cautions with details of sentences and dates. **(If none please state NONE)**

|  |  |  |
| --- | --- | --- |
| **Conviction/Order/Caution/Penalty** | **Date** | **Place** |
|  |  |  |
|  |  |  |
|  |  |  |

Name: Post Applied For:

Signature: Date:

|  |
| --- |
| **Disqualification By Association** |
| Have you been involved with the Police, such as interviewed, questioned, subject to a court order, bound-over, received a reprimand, warning, cautioned or convicted before or during your employment at your setting? | Yes / No |
| Comments |
| Has anyone that lives in the same household or property as you been disqualified or barred from working with children under the Childcare Act 2006 | Yes / No |
| Comments |
| Has anyone that lives in the same household or property as you been cautioned or convicted of an offence that may have a bearing on your suitability to work with children? | Yes / No |
| Comments |
| Do you have parental responsibility for a child who is being assessed or who has been placed on a Child Protection plan under Section 47 of the Childcare Act 1989? | Yes / No |
| Comments |
| If you have answered yes to any of the above please give further details |  |

**SIGNATURE:** …………………………………............................ **DATE:** …………..

**PRINT NAME:** ………………………………............................................................

I declare that the information I have provided is true and understand that any falsification of information will be judged as serious misconduct and may result in dismissal / withdrawal of any offer of employment. I understand that I am required to notify the HR Manager of any changes in respect of this declaration throughout the entire course of my employment.

|  |
| --- |
| **General Details****(Please note that all the information below is optional. You are under no obligation to answer any question(s) you would prefer not to. These questions are simply for our information and will not affect your application in any way.)** |
| **Aged 16 – 17 years** |  |
| **Aged 18 + years** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Telephone Number** |  |
| **Do you have any health issues that we need to know about which may require us to make adjustments in the working environment** | YES | NO |
| **(If yes, please specify, including any requirements you may have for us to support you)**. LinkAble seeks to offer volunteering opportunities irrespective of physical or learning disabilities wherever possible. |

**Completion of Form**

I confirm that I have completed this application form correctly to the best of my knowledge. I understand that if I have provided information that is proved to be false then my application may be considered void and will not proceed.

**Name:**

**Signature: Date:**